

ATASCADERO STATE HOSPITAL

**CLINICAL PSYCHOLOGY
INTERNSHIP PROGRAM**

2009-2010

**ACCREDITED BY THE AMERICAN
PSYCHOLOGICAL ASSOCIATION**

ATASCADERO, CALIFORNIA

ATASCADERO STATE HOSPITAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY

Atascadero State Hospital offers predoctoral internships in Clinical Psychology. The predoctoral internship has been accredited by the American Psychological Association¹ since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full time program offering a stipend of approximately \$40,000 plus benefits. The program is committed to providing interns with the opportunity to develop increasing autonomy and clinical responsibility commensurate with their education, training, and professional competence as they prepare to function as professional psychologists in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, and clinical supervision with an emphasis on providing a variety of clinical experiences. A major emphasis of the program is training in state-of-the-art forensic psychology issues and methods. This focus includes issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interfacing with the criminal justice system, the utilization of psychology within the legal system, basic legal commitments, and treatment of offenders. The treatment emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment and treatment methods. Furthermore, the program aims to train interns to function as complete professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working as an administrator, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Atascadero State Hospital are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

¹ American Psychological Association; 750 First Street, NE; Washington DC 20002-4242; (202) 336-5979

II. AGENCY OVERVIEW

Atascadero State Hospital is a forensic, psychiatric facility which specializes in the treatment of adult male mentally ill offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California State Department of Mental Health and receives patients committed by the Superior Courts and the Department of Corrections. The hospital provides a unique opportunity to train in a mental health setting which works directly with the judicial system.

The hospital is located on the scenic Central Coast of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally ill offenders, the hospital is designed like a psychiatric hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, music center, graphic arts center, Board of Parole Hearing rooms, mock trial facilities, penile plethysmography lab, staff-patient canteen, school area, computer center, psychological testing center, video production center, training center, patient library, professional library, and staff fitness center.

The hospital employs approximately 60 staff psychologists some of whom occupy research training and administrative positions, other treatment staff include physicians, psychiatrists, social workers, nurses, dieticians, rehabilitation therapists and psychiatric technicians.

A. Patient Population

The hospital operates with a bed capacity of approximately 1275 individuals. The current patient populations consist largely of Mentally Disordered Offenders (men who are paroled to Atascadero State Hospital because of a history of violent crime, active mental illness and a danger to the community), Mentally Ill Inmates, men found Incompetent to Stand Trial who come to the hospital to be resorted to competency, and men found to be Not Guilty by Reason of Insanity.

Patients committed as Incompetent to Stand Trial have been accused of committing a crime but are currently unable to stand trial because they cannot understand the charges against them and/or cannot cooperate with counsel. Psychoses are commonly found among these patients and the offenses may range from assault and murder to burglary and forgery. The Not Guilty by Reason of Insanity patients have usually been found guilty of a felony and subsequently not guilty by reason of insanity at the time the crime was committed. Mentally Ill Inmates transferred from prison typically have a psychotic diagnosis as well and are returned to Corrections at the completion of their treatment. The Mentally Disordered Offender (MDO) is a patient who has been incarcerated for a violent offense, who has a severe mental disorder and who is

considered dangerous because of his mental disorder. The MDO patient has completed his prison sentence and is sent to Atascadero State Hospital to receive psychiatric treatment as a special condition of his parole. Some mentally disordered offenders have a history of sexual offenses and receive sex offender specific treatment programming.

The ethnic classification of the patient population largely includes African American, Hispanic, Caucasian, Asian, and Native American individuals.

B. Treatment

The hospital provides seven residential programs consisting of several units each. Programs and units are structured around providing treatment to particular commitment categories. Patients are assigned to particular units within a particular program according to their commitment type and resultant dispositional needs. Although subject to ongoing change, programs and units are organized as follows:

- ◆ Program I Incompetent to Stand Trial, Medical, Mentally Disordered Offender
- ◆ Program II Mentally Disordered Offender, Not Guilty by Reason of Insanity
- ◆ Program III Mentally Disordered Offender
- ◆ Program IV Mentally Disordered Offender
- ◆ Program V Mentally Disordered Offender, Mentally III Inmate
- ◆ Program VI Mentally Disordered Offender, Not Guilty by Reason of Insanity
- ◆ Program VII Mentally Disordered Offender

Over the past several years, Atascadero State Hospital has made a transition from a medical model to the Transtheoretical Model or “Recovery” model of treatment to meet the myriad of treatment needs of individuals. The Recovery Model is a stage model of intentional behavior change introduced in the early 1980s and the major tenet of the model is focused on viewing behavior change as a series of predictable stages, independent of any particular model or theory. This model is considered a wellness model, thus it interprets an individual’s lack of willingness to change not as resistance or denial, but a lack of readiness and/or motivation. Also, this model considers treatment setbacks not as failures but as a normal part of recovery and opportunities for learning. This model focuses on assisting individuals in generating energy for change. Recovery has been implemented throughout the hospital and will be incorporated into all facets of treatment.

While new to the area of forensic hospital treatment, Recovery does have a longstanding history of success within the substance abuse treatment area. It is considered a wellness model and focuses on collaborative work between individuals and hospital staff to identify target behaviors for change and strategies to achieve the desired change

results. Individuals will progress at their own rate and may be in different stages for different target behaviors. An individual's ability level does not define the stage of change.

The following treatment goals are common for all individuals served:

- ◆ Actively teach and support adaptive behavior and coping skills relevant to the requirements of the post-hospital setting.
- ◆ Promote individual self-esteem, self-actualization, independence, and self-care to maximize the patient's chances for successful adaptation to his expected discharge setting.
- ◆ Eliminate or reduce maladaptive behaviors, which serve as barriers to discharge or impediments to successful post-discharge adaptation.

The primary approach to the treatment of sexual offenders is the Relapse Prevention Model. This five-phase approach is largely cognitive-behavioral and considered to be state-of-the-art treatment for sexual offenders.

Multidisciplinary Wellness and Recovery Teams staff units. In all phases of treatment, psychologists assist in coordinating the professional efforts of psychiatric technicians, registered nurses, rehabilitation therapists, pharmacists, dietitians, social workers, and psychiatrists. The clinical psychology intern rotating through these treatment teams is expected to function as a team member, and will benefit by exposure to the range of clinical staff who participate as team members.

In addition to the treatment programs and units organized around commitment categories, a number of specialized programs and services exist to address the broad range of patient needs. Some of those, which may be of particular interest to interns, include:

- ◆ Adult Basic Education Programs
- ◆ Forensic Assessment and Consultation Services
- ◆ Multicultural Services
- ◆ Evaluation and Outcome Services
- ◆ Penile Plethysmography Lab
- ◆ Neuropsychological Assessment and Consultation
- ◆ Psychology Assessment Center
- ◆ Specialized Hispanic Bilingual Units
- ◆ Community Living Skills Program
- ◆ Substance Abuse Treatment and Education
- ◆ Trial Competency Assessment
- ◆ Vocational Development Services

III. PREDOCTORAL INTERNSHIP PROGRAM

A. Program Training Model

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Although the primary emphasis is on clinical training and experience, the program is supported by didactics in seminars, tutorials, and supervision. Additionally, Atascadero State Hospital is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

Values and Principles

- ◆ Training practitioners with an empirical basis The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for their practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, recovery, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences.
- ◆ State-of-the-art forensic training A major emphasis of the program involves training in state-of-the-art forensic psychology issues and methods. This training addresses issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders.
- ◆ Individual Differences and Diversity The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all of their training activities, interns are reminded and encouraged to pay special attention to individual and cultural differences. Interns also complete a year-long individual differences and diversity mini-rotation.
- ◆ Broad-based training While the training has an emphasis on forensic psychology, seminars and tutorials enrich and broaden the experience
- ◆ Critical thinking skills Interns are taught critical thinking methods to assess clinical situations and apply appropriate assessment and treatment methods.

This skill is essential in transferring skills or competencies to various treatment environments.

- ◆ Well-rounded professionals The program trains interns to function as complete professionals who can function effectively in a variety of job settings. To this end, the program provides training and/or experience in ethics, the professional as an administrator, and professional advocacy. The intern will learn about issues arising in large systems. S/he learns how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.
- ◆ Collegiality and respect The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

Mission Statement

The mission of the Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of Mental Health, Atascadero State Hospital, and the American Psychological Association.

The mission of Atascadero State Hospital is threefold: Protection, Recovery, and Evaluation.

- A. Protection: In emphasizing public safety, we provide a secure environment within which individuals referred to our care can recover from the effects of their psychiatric conditions. This secure environment protects the community as well as the people within the hospital and enables and supports the therapeutic milieu.
- B. Recovery: We provide up-to-date treatment and rehabilitation services to the individuals in our care and ensure that community standards of practice and care are provided in our facility. We recognize that recovery is most effectively achieved when services are person oriented, empirically based, and arise out of a diverse theoretical and multidisciplinary foundation.
- C. Evaluation: We provide consumer-specific objective evaluations and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models.

The mission of the Psychology Internship Program at Atascadero State Hospital is to provide...

- ◆ State-of-the-art clinical training in assessment and treatment.

- ◆ Specialized training in forensics to address the unique issues of forensic patients and to provide interns with specialized skills or competencies in forensic psychology.
- ◆ High quality supervision to assist interns in their development as competent and effective professional psychologists.
- ◆ Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

Goals and Objectives

- ◆ To provide training and experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients/clients with respect to cultural and individual differences.
- ◆ To provide training and experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.
- ◆ To maintain accreditation from APA and membership in AAPIC.

Expected Core Competencies

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in many, if not most, of the following areas:

- ◆ Individual treatment and assessment of forensic patients
- ◆ Group therapy with forensic patients
- ◆ Assessment and Treatment of culturally and individually diverse patients
- ◆ Behavioral analysis and treatment planning
- ◆ Knowledge of recovery model treatment methods
- ◆ Knowledge of forensic issues
- ◆ Psychological evaluation
- ◆ Forensic evaluation
- ◆ Expert testimony
- ◆ Hare Psychopathy Checklist – Revised/Forensic Risk Assessment
- ◆ Report writing
- ◆ Knowledge of professional issues
- ◆ Working within a multidisciplinary team
- ◆ Effective Use of Supervision
- ◆ Ability to integrate research with practice

Program Resources

- ◆ Staff: The hospital employs approximately 60 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters and tutorial leaders are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.
- ◆ Funding: Four intern positions are funded as Clinical Psychology Interns. The hospital's training budget provides APA and APPIC membership fees.
- ◆ Equipment: Office space, a computer, dictation service, professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

Processes

The mission of the program is accomplished in the following ways.

- ◆ Clinical training: Training experiences are provided via:
 - A three-and-a-half month, full time rotation on an admissions unit, focusing on psychological assessment of mentally ill forensic patients
 - Two four-month 3-day-a-week rotations on treatment units
 - An eight-month 12-hour-a-week rotation on the Forensic Services Team
 - Three hours of seminars each week
- ◆ Forensic Specialization: The internship takes place at Atascadero State Hospital, a forensic psychiatric facility. Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments. The forensic services rotation will provide an opportunity to hone forensic interviewing and forensic report writing skills as well as provide an introduction to forensic expert testimony.
- ◆ Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other

disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Typically, interns receive more than the required four hours of supervision per week.

- ◆ **Professional development:** Beyond the traditional training and experience in treatment and assessment, interns are provided training and experience on a variety of topics in seminars, workshops and supervision to assist their development as well-rounded professionals. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

Policy

The training mission of the internship program is accomplished with adherence to the following policies:

- ◆ APA and Guidelines and Principles for accreditation
- ◆ APPIC membership requirements
- ◆ APPIC guidelines for intern selection
- ◆ ASH Internship Policy
- ◆ ASH Hospital Operating Manual

Quality Control

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. The major quality control components of the program include the following:

Evaluation of intern performance

- ◆ Triannual written evaluations by supervisors/didactic leaders
- ◆ Panel reviews of intern psychological evaluations (three times per training year)
- ◆ Presentations in seminars
- ◆ Mock trial in forensic seminar
- ◆ Evaluations of intern performance at six and twelve months (Internship Director, Intern, Preceptor, Rotation Supervisor, and the next Rotation

Supervisor meet as a group) with written feedback to the intern and the intern's graduate program.

- ◆ Monthly supervisors meetings for all preceptors and rotation supervisors
- ◆ Ongoing evaluation in individual and group supervision sessions

Programmatic evaluation

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual written evaluations by psychologists working with the internship program
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

B. Intern Activities

Interns can expect to spend approximately 30% of their time conducting group and individual psychotherapy, 30% in psychological assessment and report writing, 10% in seminars, 20% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), and 10% in supervision. The training program is structured, yet allows the intern flexibility to participate in activities designed to meet individual needs and training goals. Interns are actively involved in designing their unique training experiences.

Orientation

The first three weeks of training are set aside for orientation to the hospital, meeting with each of the psychologists, selecting a preceptor (primary supervisor for the year), rotation supervisor, and establishing goals for the year. The intern then begins the initial rotation on an admissions unit.

Rotations

The intern will complete an initial three-and-a-half month full time rotation on an admissions unit, where he or she will be involved in conducting standardized admissions evaluations on patients new to the facility and follow up focused psychological evaluations as indicated. They will then participate in 2 four-month rotations on selected treatment units. The intern will spend three days per week on the unit to which he or she is assigned and will participate in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as they work with the treatment team. In group therapy, the intern usually works with a co-therapist and has

exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that he or she will carry several long-term therapy cases over the course of the year as well as other short-term cases. The intern spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation. While completing the two unit rotations on treatment units, interns will also have a 12-hour-per-week Rotation with the Forensic Services Department. As a part of the Forensic Services Rotation, the intern will have the opportunity to participate in local hearings to determine whether a patient meets legal criteria for involuntary medications, conduct forensic interviews and shadow the forensic process, write practice forensic reports and attend court trials for hospitalized individuals.

Psychological Evaluations

The patient population at Atascadero State Hospital provides a unique training experience in psychological and forensic evaluation. The intern conducts evaluations of the psychological, social, and behavioral factors involved in criminal offending and may assess change in those factors over the course of therapy. Since the courts commonly request evaluation reports, psychologists are charged with writing these forensic reports and are often subpoenaed to testify in court. While it is extremely rare that an intern would be called to testify in court, the intern frequently observes the psychologist in this role.

During the year the intern will complete a minimum of 12 evaluations. Psychologists are charged with evaluating patients for clarifying diagnoses, making treatment recommendations, assessing for change, or making dispositional recommendations. During the year the intern completes a minimum of twelve evaluations as follows:

- ◆ Six integrated psychological assessments involving psychological testing
- ◆ One competency to stand trial forensic report
- ◆ Three Mentally Disordered Offender forensic, court reports
- ◆ One Psychopathy Checklist-Revised report
- ◆ One behavioral analysis "behavior guideline" and written behavioral treatment plan

Each evaluation completed by the intern is closely supervised by various psychologists and thus exposes the intern to a variety of individual orientations and styles. It is expected that by the completion of the internship the intern will be facile with a number of psychodiagnostic instruments and will be able to effectively communicate findings and recommendations to other professionals as well as the patient.

Seminars

Interns are expected to participate in seminars. The seminars are didactic-experiential and provide some supervised clinical experience. The seminars include:

- ◆ Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at ASH. The relevant empirical research, ethical principles, laws and evaluation procedures will be reviewed. Fact-based case studies and expert testimony will be presented by interns to professional staff. Psychologists will offer suggestions on clinical techniques in order to increase the interns' effectiveness of communicating psychological evaluation results to the legal system.
- ◆ Professional Issues: This seminar is designed to cover a range of topics to help prepare the intern for working in a variety of job settings. Selected topics include such areas as becoming an administrator, supervision skills, surviving the bureaucracy, ethical issues, professional advocacy, various specialized treatment interventions (i.e. critical incident debriefing, covert sensitization, odor aversion, etc.), criminal profiling, and licensing exam preparation.
- ◆ Psychopathy Checklist Revised (PCL-R)/Risk Assessment: Interns are trained in the administration and scoring of the PCL-R, and other risk assessment issues and measures.
- ◆ Individual Differences and Diversity: This seminar is designed to further develop skills in the provision of psychological services with specialized attention devoted to diversity issues. The seminar is in part didactic with review of the literature and theoretical frameworks, while also involving direct delivery of services to patients. Emphasis is placed on various approaches to psychotherapy in general as well as in relation to individuals dealing with issues of diversity.

Tutorials

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. This structured learning experience allows the intern to explore a wider range or depth of topics in which he or she is interested and may not encounter in his or her other training experiences. Tutorials are jointly designed by the intern, preceptor, and tutorial leader. Some of the possible topics include (but are not limited to) the following:

- ◆ Assessment of dangerousness
- ◆ Behavioral analysis and intervention
- ◆ Behavioral research
- ◆ Critical Incident Debriefing
- ◆ Expert testimony
- ◆ Hospital administration
- ◆ Phallometric assessment
- ◆ Program evaluation
- ◆ Projective techniques
- ◆ Research
- ◆ Substance Abuse Treatment
- ◆ Treatment of sexual offenders
- ◆ Neuropsychological evaluation *

** Brief experience in neuropsychology. Does not constitute a neuropsychology specialty internship nor provide adequate preparation for postdoctoral residencies in neuropsychology.*

Research

Interns may participate in research or ongoing program evaluation. They may generate ideas for new research; however, because of the lengthy review process, it is typically not be feasible to propose and complete a project within the training year. Interns desiring to conduct research at the hospital will be required to submit proposals for review by the Hospital Research and Human Subjects Committee and by the State Committee for the Protection of Human Subjects. Since this process tends to be prohibitively lengthy, interns typically choose to join staff psychologists on existing projects or utilize archived clinical databases. Topics pursued in the past include psychological test data and clinical variables such as the Psychopathy Checklist-Revised (PCL-R), the MMPI-2, the MCMI-III, and the PAI, patient assaults, malingering and psychological testing, neuropsychological testing, and assessment of patient adjustment after release.

Training in Individual Differences and Diversity

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work with patients. All interns participate in the Individual Differences and Diversity Mini-rotation.

In the Mini-rotation the intern attends the Individual Differences and Diversity seminar and provides weekly individual and/or group therapy with diverse patients. This experience continues for the entire year and includes supervision by a psychologist with expertise in diversity issues. Additionally, the intern may

elect to complete a rotation on a specialty unit (i.e. units serving monolingual or deaf patients). In addition to these specialized training opportunities, the topic is addressed in seminars, workshops and colloquia throughout the training program. General supervision sessions provide regular discussions regarding the importance of understanding cultural and individual differences in assessment and treatment. Interns also attend the Cross Cultural Awareness training as a part of their hospital orientation.

Supervision

Interns benefit from having a number of supervisors. At the outset of training, the intern selects a preceptor from among the list of psychologists. The preceptor serves as the intern's primary supervisor for the year and is responsible for overseeing the intern's entire training program. The intern plays an active role in selecting his or her treatment unit rotations. The psychologists on the intern's admission and treatment unit rotations supervise the intern's clinical activities on the unit. The preceptor and rotation supervisor each meet with the intern for a minimum of one hour of supervision each week. Additional supervision is provided as part of the intern's participation in the forensic rotation, the seminars, the Individual Differences and Diversity Mini-rotation, and tutorials.

The internship recognizes the benefit of personal psychotherapy for all psychology trainees. We support the decision to seek therapy as a personal one. The program rarely requires interns to engage in personal therapy or to disclose personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information or personal therapy is only required when it is needed to evaluate or obtain assistance for an intern whose personal problems are preventing the intern from competently performing professional activities or whose problems are posing a threat to the intern or others.

C. Facility Resources

Interns have a shared office in the Medical Staff Hallway and typically share office space on the rotations with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns have access to two shared computers for report writing and other work in their Medical Staff office and have access to computers within the secure areas of the hospital. They also have use of the hospital-wide dictation and voicemail systems. The Logan Professional Library is a valuable resource for interns for clinical research and dissertation work. If the library does not carry the desired material, it can be obtained by the library through the interlibrary loan system.

D. Psychology Department

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and the elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to hospital patients. The intern attends Psychology Department meetings and may serve on Psychology Department Committees. The intern may also attend open Internship Committee meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Quality Assurance, Patient Care Monitoring, Clinical Services Team, and Research and Human Subjects.

E. Training and Professional Development

Atascadero State Hospital also serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital also operates a Police Academy to train its security personnel. The hospital provides Continuing Education for Psychologists as well as other disciplines represented in the hospital. Several full and half day workshops are sponsored each year by the Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. A closed-circuit television broadcast system is available for the purpose of providing training and professional education programs to staff and patients. Interns are encouraged to take part in training and learning opportunities offered in the community and the state, and attendance at regional and national psychology conferences held in California is encouraged. Field trips to other forensic facilities are available as well. In recent years, interns have toured the California Men's Colony (a lower security prison) and Corcoran State Prison (a high security prison).

Please refer to the back of this brochure for a sample listing of workshops and colloquia offered over the past few years.

IV. APPLICATION AND SELECTION

A. Admission Criteria

Predoctoral internships are offered for third and fourth year students enrolled in accredited doctoral programs in clinical or counseling psychology, and who have completed basic work (typically a minimum three years of doctoral work in

psychology) and doctoral level clinical practica (**minimum 600 hours**) in psychotherapy and assessment. Enrollment in an APA accredited program is preferred.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Some experience in forensic psychology is necessary. Preference is given to applicants who have completed or are nearing completion of their dissertation.

B. Applications and Intern Selection

All application information is included in this brochure which can also be found on the hospital's web site:

www.dmh.cahwnet.gov/services_and_programs/state_hospitals/Atascadero.

Questions may be directed to the Internship Director by phone or e-mail.

Applications must include:

- 1) APPIC application for Psychology Internship (AAPI - part 1)
- 2) All graduate transcripts (in sealed envelopes from the registrar)
- 3) Two letters of recommendation (in sealed envelopes, signed on the back, by the individual providing the recommendation)
- 4) A curriculum vitae
- 5) Verification of Internship Eligibility and Readiness (AAPI - Part 2) from the Director of Clinical Training at the applicant's graduate program
- 6) A completed first page, items 1-12, of the California State Application (form 678) which can be found on the internet at:
<http://www.spb.ca.gov/jobs/stateapp.htm>
- 7) **Assemble the entire application and send all materials together to:**

Emily Rosten, Ph.D.
Psychology Internship Director
Medical Staff Office
Atascadero State Hospital
10333 El Camino Real
Atascadero, CA 93423

Completed applications must be received by the Internship Director by **November 1** of the year prior to the year the internship is to begin. Atascadero State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Match day. The APPIC application for Psychology Internship and

the APPIC Match Program Policies and Procedures can be found on the internet at www.appic.org. **Incomplete applications and applications that do not document the minimum 600 hours of assessment and intervention experience will not be reviewed.**

In recent years approximately 100 applications have been received for the internship positions. Approximately twenty to twenty-five of those applicants are invited to interview. Interviews are required for those who pass the first round of screening for the application process. All efforts will be made to notify applicants regarding their interview status by December 15 via e-mail. Applicants may select one of three interview dates scheduled on Friday afternoons in January. While a personal interview is preferred, those unable to attend a personal interview may arrange for a telephone interview.

Atascadero State Hospital is an equal opportunity employer. With a culturally diverse patient population, the hospital is seeking psychologists and interns with the education, training and background to work with that population.

C. Appointments

At the present time, four funded predoctoral intern positions exist with the stipend of approximately \$40,000 for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins the first Monday in August. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance. **Interns must successfully complete/pass the required security clearance, health screening, and drug screening prior to being employed.**

V. GEOGRAPHICAL INFORMATION

Atascadero State Hospital is situated in the Central California Coast in a semi-mountainous and forested area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about 225 miles away--four hours driving time from Atascadero. San Luis Obispo, 16 miles south, is a community of 40,000 and is the major shopping area of the county and the location of many musical and cultural events throughout the year at California Polytechnic State University and its Performing Arts Center. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach which afford opportunity for year-round surfing and the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and the famous Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 coastal route to Carmel-Monterey which has some of the most scenic vistas in California including Big Sur and the state wildlife preserve at Point Lobos.

The weather offers three different climates in the region. Coastal areas such as Morro Bay have moderate temperatures with daytime temperatures ranging from around 50-80 degrees over the year. San Luis Obispo's daytime temperature range is around 45-85 degrees, while Atascadero daytime temperatures are more variable with a range of about 25-100 degrees over the year.

VI. CONTACT INFORMATION

For further information please contact:

Emily Rosten, Ph.D.
Psychology Internship Director
Medical Staff Office
Atascadero State Hospital
10333 El Camino Real
Atascadero, CA 93423
Phone: (805) 468-2302
Fax: (805) 468-2918
E-mail: emily.rosten@dmhash.state.ca.us

Atascadero State Hospital's web site (includes this Internship Brochure and a letter from the Internship Director):

www.dmh.cahwnet.gov/services_and_programs/state_hospitals/Atascadero

To request an Applicant Agreement Package for the APPIC matching program contact:

www.natmatch.com/psychint

To request an APPIC Application for Psychology Internship (AAPI) contact:

www.appic.org

APPIC Internship Matching Program code number for Atascadero State Hospital:

111311

VII. PRIOR INTERNS

2008-2009 PSYCHOLOGY INTERNS

Sara Batalha
American School of Professional Psychology, Hawaii Campus

Marie Bell
University of Maryland

Kyle Goodwin
Florida Institute of Technology

Christina O'Sullivan
Pacific Graduate School of Psychology

2007-2008 PSYCHOLOGY INTERNS

Shannon Erickson
University of Arkansas

Kevin Perry
Sam Houston State University

Jeffrey Prestler
Chicago School of Professional Psychology

2006-2007 PSYCHOLOGY INTERNS

Natalie Bellman
University of Rhode Island

Julia Friend
Chicago School of Professional Psychology

Kim Harrison
University of North Texas

2005-2006 PSYCHOLOGY INTERNS

Amanda MacKinnon
Argosy University, Washington DC Campus

Brandi Mathews
Forest Institute, Missouri

Timothy Nastasi
Pacific University, Oregon

2004-2005 PSYCHOLOGY INTERNS

Nicole Mack
University of Denver

Robert Oropeza
Alliant University, Fresno

Melissa Villalon
Argosy University, Hawaii

2003-2004 PSYCHOLOGY INTERNS

Cheryl Andaya
Argosy University-Hawaii

Stephanie Callaway
University of Denver

Margaret Smedley
University of Louisville

2002-2003 PSYCHOLOGY INTERNS

David Jaffe
California School of Professional Psychology-Fresno

Craig King
Argosy University-Washington DC Campus

Tara Travia
Kent State University

VIII. PSYCHOLOGY STAFF AND AREAS OF INTEREST

* Those psychologists qualified by California State law to provide supervision are identified with an asterisk "*" preceding their names.

* Jan Marie Alarcon, Ph.D.

Rosemead School of Psychology, Biola University, 1991

Forensic psychology; wellness and recovery planning

* Henry Ahlstrom, Ph.D.

Alliant International University, 1994.

Maharishi University of Management, 1991.

Individual psychotherapy, experiential psychotherapy, trauma, spirituality, stress-management.

* Edward C. Bischof, Ph.D.

Indiana State University, 1979

Analytic Psychotherapy, family therapy, developmental psychology

* Leslie Bolin, Ph.D.

University of Nevada, 1995

Neuropsychology; geropsychology

Terry Brenner, Psy.D.

Pacific University School of Professional Psychology, 2000

Psychobiology of Traumatization, psychodynamic DSM, holistic approaches to the treatment of mental illness, emotional bases of mental illness, therapeutic relationship

* Charles Broderick, Ph.D.

Fairleigh Dickinson University, 1998

Neuropsychology, cognitive rehabilitation; intellectual disabilities

* Ronald H. Bowne, Ph.D.

California School of Professional Psychology, Los Angeles (1993)

Forensic assessment, individual and group psychotherapy, eating disorders, expert witness testimony

* Joe DeBruin, Ph.D., Chair, Department of Psychology (elected)

Seattle Pacific University, 2006

Mentally Disordered Offender forensic evaluations, psychological treatment of chronic gastrointestinal illness

- *Michael DeStefano, Ph.D.
University of Montana, 1971
Teaching Hypnosis as an Adjunct to Psychotherapy, Hypnosis Research,
Enhancing Athletic Performance, Treatment of Sex Offenders

- *Cindy Duke, Psy.D.
Pepperdine University, 1998
Clinical Neuropsychology, Cognitive Behavioral Treatment, Behavior Therapy,
Marriage and Family Therapy

- *John Eibl, Ed.D
Indiana University, 1968
Group processes; MDO law; supervision; crisis management; cognitive-behavioral
intervention/psychotherapy

- *Dennis Gardener, Ph.D.
University of Nebraska Ph.D. 1976
Professional interests: Cognitive therapy, Sex Offender TX, Tx of PTSD and TX
for victims of sexual abuse.

- *Teresa George, Ph.D.
Arizona State University, 1992
Supervision; MDO law; treatment of mentally disordered offenders; treatment of
sexual offenders; group and individual psychotherapy

- *Beth Gier, Ph.D.
Purdue University, 1999
Cognitive-behavioral intervention with schizophrenia; client-centered therapeutic
intervention; research on anger, gender difference, and self-image; community
treatment of mental illness; MDO law and expert testimony; competency issues

- Ariel Gonzales, Psy.D.
Carlos Albizu University, 2007
Humanistic-Existential; Assessment and treatment of severe and persistent
mentally ill; detection of malingering; trial competency; psychopathy; research
on sexual/gender identity; cross-cultural issues

- Dave Grasso, Ph.D.
California School of Professional Psychology-Fresno, 2004
Sexually violent predator evaluation and treatment, psychotherapy, assessment
and treatment of victims of trauma/PTSD, assessment of psychopathy

- Cynthia Hake, Ph.D.
University of Wyoming, 2006

Group and Individual psychotherapy, Assessment.

- * Michaela Heinze, Ph.D.
Ohio University, 1994
Forensic and neuropsychological assessment; trial competency; behavioral medicine & health psychology
- * Matthew Hennessy, Psy.D.; Treatment Mall Director
University of Denver, Graduate School of Professional Psychology, 1999
Sex offender assessment and treatment; relapse prevention; cognitive-behavioral Therapy, Psychiatric Rehabilitation and the Recovery Model
- * Daryl Herzog-Perez, Ph.D.
California School of Professional Psychology-San Diego, 1976
Relapse prevention, cognitive-behavioral therapy
- * Frank H. Hoshino, Ph.D.
California School of Professional Psychology, Fresno, 1985
Existential, phenomenological, and post-modern perspectives
- Sarah Howell, Psy.D.
Carlos Albizu University, 2007
Dementia, Traumatic Brain Injury, Assessment
- * Diane Imrem, Psy.D.; Chief, Department of Psychology
Illinois School of Professional Psychology, 1984
Experiential psychotherapy; cognitive-behavioral therapy; relapse prevention; crisis intervention; treatment of sex offenders; recovery model
- * Don Johnson, Ph.D.
University of Oklahoma, 1993
Cognitive Behavioral Therapy, brief therapy, Dialectical Behavior Therapy, relapse prevention, and statistics and research design.
- * William R. Knowlton, Ph.D.; Director of Forensic Services; Vice-Chair, Department of Psychology (elected)
Washington State University, 1972
Evolutionary psychology; treatment of personality disorders; forensic psychology
- Phyllissa Kwartner, Ph.D.
Sam Houston State University, 2007
Violence risk assessment and communication to legal decision makers, detection of malingering, expert witness testimony, and cognitive-behavioral therapy

*Letty Lauffer, Ph.D.
New York University, 2002
Eating disorders; obesity; binge eating; psychopathy; sex offender assessment and treatment; family therapy

Amanda MacKinnon, Psy.D.
Argosy University-Washington DC campus, 2006
Forensic evaluations of Mentally Disordered Offenders (PC2962) and patients admitted under Not Guilty by Reason of Insanity (PC1026); Expert testimony; Supervision of psychology interns on Forensic Rotation; Violence risk assessment, malingering evaluations, teaching of forensic issues across commitment type to new employees.

*Brandi Mathews, Psy.D.
Forest Institute of Professional Psychology, 2006
Detection of malingering; personality assessment; mental health law; mentally disordered offender forensic evaluations; expert testimony

*Christine Mathiesen, Psy.D.; Director, Centralized Psychological Assessment Services
University of Hartford, 2000
Clinical Neuropsychology; cognitive rehabilitation; PTSD; mindfulness and meditation; DBT; program evaluation

*McDonald, Christopher,
University of Denver, Graduate School of Professional Psychology 1995
Assessment of Psychopathy; MDO Evaluations; Supervision.

* Richard E. Morey, Ph.D.
Colorado State University, 1990
Psychological assessment/treatment; staff development; religious issues in therapy

*Timothy Nastasi, Psy.D.
Pacific University, 2006
Treatment for individuals with severe mental illness; cognitive-existential psychotherapy; qualitative research; forensic evaluation; PCL-R

* Jill Nelson, Ph.D.
University of New Mexico, 1994
Forensic assessment; psychopathy; sex offender assessment and treatment; sexually violent predator evaluation.

Glenn, Potts, Ph.D.

Seattle Pacific University, 2007
Sports Psychology, Motivation and Performance Enhancement, International
Psychology, Couples Therapy, Family Psychology, Ukulele Relaxation

- * Michael Pritchard, Ph.D.
University of Connecticut, 1978
Chronic pain syndrome; post-traumatic stress disorder; stress management;
relapse prevention with sex offenders

Filomena Rebelo, Ph.D.
University of Cincinnati, 1999
Psychotherapy

- * Gary Renzaglia, Ph.D.
University of Wisconsin, Madison, 1982
Recovery Services

- * Becky Rice, Psy.D.
Illinois School of Professional Psychology, Argosy, 2006
Forensic Assessment; severe mental illness; psychopathy; psychotherapy

- * Emily Rosten, Ph.D., Internship Director
New York State University-Albany, 1990
Forensic psychology, rehabilitation psychology; deafness;
relationship issues; career counseling

- * Bill Safarjan, Ph.D.
Rutgers University, 1980
Learning and motivation; forensic issues

- * Karen Sheppard, Ph.D.
California School of Professional Psychology, Fresno, 1987
Neuropsychological assessment; cognitive remediation; PCL-R; plethysmograph

- * Victor Silva-Palacios, Ph.D.
Wright Institute, Los Angeles, 1985
Psychoanalytic psychotherapy; cross-cultural issues; religious issues; detection of
malingering

- * Cheryl Smith, Ph.D.
University of California, Los Angeles, 1986
Neuropsychology including traumatic brain injury, dementia; psychopharmacology
and the neurochemistry of stress; forensic psychology, evaluations and
competency

*Sona Suprikian, Ph.D.

Pacific Graduate School of Psychology, 2000

Cognitive-behavioral therapy; treatment of severely mentally ill populations; research on substance abuse, and male abuse survivors; competency to stand trial

Jennifer Tari, Psy.D.

Florida School of Professional Psychology, 2007

Trauma; college students; orphan/adoption issues; attachment and development; couple and family therapy; narcissism; self-esteem; cultural diversity; psychopathy and antisocial tendencies; assessment of twins; interpersonal process; analysis of psychological research

Wm Michael Tandy, Ph.D.

Seattle Pacific University in Clinical Psychology, 2007

Forensic Evaluation and Treatment

* Jeffrey Teuber, Ph.D.; Positive Behavioral Support (PBS) Team Leader

University of California, Santa Barbara, 1987

Rehabilitation of the chronically mentally ill; functional analysis of behavior; developmental disability; humanism; patient collaboration in treatment design

* Stacy Thacker, Ph.D.

Colorado State University, 1997

Training; Mentally Disordered Offender forensic evaluations; expert testimony; behavioral intervention; interpersonal psychotherapy; detection of malingering

*Dianne Walker, Ph.D.

Brigham Young University, 1982

Psychodynamic psychotherapy; group psychotherapy; personality assessment; adult survivors of dysfunctional families and abuse

*Brandon Yakush, Psy.D.

Loma Linda University, 2006

Mentally disordered offender forensic evaluations; expert testimony; personality testing including the Rorschach; time-limited dynamic psychotherapy

2007-2008 Interns:

Shannon Erickson

University of Arkansas, 2008

Assessment, forensic Assessment, Psychopathy, Behavioral Treatment Interventions, Work with Severe and Persistent Mental Illness

Kevin Perry

Sam Houston State University, 2008

Evaluation and Treatment of Severe/Persistent Psychological Disorders;
Existential Psychology; Forensic Assessment; Detection of Malingering

Jeffrey Prestler, MA.

Illinois School of Professional Psychology, 2008

Assessment and Treatment of Paraphilic Behaviors; Sexual Psychopathy;

IX. ATASCADERO STATE HOSPITAL SELECTED WORKSHOPS AND COLLOQUIA

"Clinical Supervision"

Carol Falender, Ph.D.

"LAW AND ETHICS"

Ellen Stein, Ph.D.

"VIOLENCE RISK ASSESSMENT"

J. Reid Meloy, Ph.D.

"BASICS OF MDO: UNDERSTANDING AND INTERPRETING MDO CRITERIA"

Ron Mihordin, MD

"FORENSIC REPORT WRITING"

Ron Mihordin, MD

"EXPERT WITNESS TESTIMONY"

Amy Phenix, Ph.D. Cameron Page, J.D.

"PSYCHOPATHY CHECKLIST-REVISED"

Robert Hare, Ph.D. and Adele Forth, Ph.D.

"PARADOXICAL STRATEGIES IN FORENSIC SETTINGS"

Steven Berman, Ph.D.

"MEDITATION FOR THERAPISTS"

Annellen Simpkins, Ph.D. and Alex Simpkins, Ph.D.

"WAIS IV Training"

Diane Donaldson, Ph.D.